

ACADEMY NOMINATION RECOMMENDATION FORM
OFFICE OF SENATOR MITCH McCONNELL

(To be completed by high school principal or guidance counselor, and returned to the address below. PLEASE PRINT OR TYPE. Do not reproduce or alter this form in any way.)

Senator Mitch McConnell
317 Russell Building
Attention: Stephanie Penn
Washington, D.C. 20510
(202) 224-2541

NAME OF ACADEMY APPLICANT _____
Last First Middle

APPLICANT' S ADDRESS _____

NAME OF SCHOOL _____

NAME OF COUNSELOR _____ **SCHOOL PHONE** _____

APPLICANT' S YEAR IN SCHOOL _____ **GPA** _____ **CLASS RANK** _____ **of** _____

(Include college board scores, if available. DO NOT GIVE PSAT SCORES. If exams have not yet been taken, please indicate if applicant is scheduled to take one of the exams.)

SAT SCORES: Verbal _____ **Math** _____ **ACT SCORES: English** _____ **Math** _____
SCHEDULED TO TAKE _____ **EXAM ON** _____

LEADERSHIP CHARACTERISTICS _____

PERSONALITY TRAITS _____

ABILITY TO WORK UNDER PRESSURE _____

ABILITY TO GET ALONG WITH OTHERS _____

LIST SCHOOL ACTIVITIES IN WHICH APPLICANT PARTICIPATES _____

GENERAL COMMENTS (Use an additional sheet or reverse of this form if necessary) _____

DATE _____ **SIGNATURE** _____
TITLE _____
